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Country programme recommendation**

Bangladesh

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session of 2000 contains the final country programme recommendation for Board approval.

The Executive Director *recommends* that the Executive Board approve the country programme of Bangladesh for the period 2001 to 2005 in the amount of $62,613,000 from regular resources, subject to the availability of funds, and $140,000,000 in other resources, subject to the availability of specific-purpose contributions.

* E/ICEF/2000/14.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1999. They will be contained in the summary of recommendations for regular resources and other resources programmes (E/ICEF/2000/P/L.27).

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The situation of children and women

1. This analysis of how the broad context of the situation of children and women in Bangladesh affects the realization of their rights complements the analysis presented in the country note submitted to the Executive Board at its first regular session of 2000 (E/ICEF/2000/P/L.14).

2. Bangladesh has achieved remarkable success in the past decade in many social indicators. Basic social services have improved significantly, yet behaviour change in certain areas remains a challenge. The estimated reduction of under-five mortality from 151 to 92 per 1,000 live births between 1990 and 2000 has been significant and is among the steepest declines in South Asia. Nevertheless, the level is still short of the survival right goal of 70 per 1,000 live births by 2000. This is due partly to its over-ambitious nature in the context of structural issues, such as poverty, gender relations and inequality, which require further progress. The infant mortality rate, estimated to have declined from 94 to 57 per 1,000 live births, is expected to reach the year 2000 goal of 50 per 1,000 live births. This is due to its more immediate responsiveness to improvements in service delivery and to increases in knowledge, attitudes and practices related to infant survival rights. The arsenic contamination of groundwater has resulted in a readjusted figure for access to safe water from 98 per cent to approximately 80 per cent; 30 per cent of tube-wells are contaminated and 24 million people are potentially at risk. Sanitation coverage has not changed significantly, remaining at about 40 per cent (intra-district range: 12-68 per cent), requiring a change in strategy from an emphasis on supply to a programme approach focusing on demand creation and behaviour change. Bangladesh has been recognized globally for progress in education, with gender parity achieved in primary school enrolment. The overall increase in primary school net enrolment rates is from 60 per cent in 1990 to 78 per cent in 1999. The issues of quality, learning outcomes and the retention of girls remain challenges for the future.

3. Rates of decline in malnutrition are well below what is needed to reach national goals of decreasing the percentage of children suffering from stunting from 66 per cent (1990) to 51 per cent (1996). However, remarkable progress has been made in areas such as vitamin A supplementation (decrease in the percentage of children with night blindness from 3.5 per cent (1982) to 0.7 per cent (1997)) and salt iodization (increase in the utilization of iodized salt from 15 per cent (1994) to 70 per cent (1999)). After dipping in the mid-1990s, immunization rates have increased from 1997 as a result of the renewed commitment and capacity of the Government and its partners. Acute respiratory infections (ARI) continue to be the number one direct cause of child mortality, with 100,000 deaths in 1997. Declines in deaths will fall short of the goal, highlighting the need to continue to support the improvement of services and to increase skills, knowledge and improved practices of caregivers. Although there has been a significant increase in the knowledge of oral rehydration therapy (ORT) from 4 per cent in 1996 to 46 per cent in 1999, the practice of ORT did not reach the target of 80 per cent, with an increase from 41.5 to 46.4 per cent only.

4. Gender inequity continues as a major issue. The disadvantaged situation of girls and women often takes the form of violence and also contributes adversely to their health and economic situation. The proportion of deaths of women due to violence continues at an alarming rate. The modest decline in the maternal mortality rate (MMR) from 478 per 100,000 live births in 1990 to 440 in 1997 will not result in achieving the goal of 300 per 100,000 live births. This is due mainly to inadequate access to services for emergency obstetric care, to which only 20 per cent of women have access, and to other factors not directly related to pregnancy and childbirth, including female adult malnutrition, resulting in a high incidence of low birth weight; the generally low status of women; and an unacceptable level of violence against women (14 per cent of maternal deaths are due to violence). Recognizing that maternal mortality can be considered an indicator of the overall situation of women in a nation, the approach for the reduction of MMR needs to be comprehensive and intersectoral in nature, addressing the overall status of women as well as improving the provision of services.

5. There have been positive trends in the structural causes of the current situation, such as the reduction in poverty and increased economic growth, yet a number of challenges continue to face national authorities as they endeavour to address structural difficulties, enhance administrative capacities and strengthen institutions of governance. Since 1997, progress has been made in empowering local government, with the

establishment of one tier of local government (Union Parishad) and another level expected this year (Upazilla Parishad). This represents an opportunity for mobilizing resources for social development, while enhancing decentralized governance and the participation of women in local decision-making.

6. Bangladesh has ratified the Convention on the Rights of the Child (1990) and the Convention on the Elimination of All Forms of Discrimination against Women (1984), with two reservations to both. The National Plan of Action (NPA) for Children (1997-2002), signed by the Prime Minister, has adopted a rights-based approach, as does the National Children Policy adopted in 1994. The Government met its reporting commitments to the United Nations Committee on the Rights of the Child and is addressing the Concluding Observations, including ensuring that all children have a birth certificate. The challenge that now faces the Government and its partners is to realize its obligations to children and women by fully implementing both the policy and legislative framework.

Programme cooperation, 1996-2000

7. UNICEF was involved in formulating and reviewing the Health and Population Sector Programme (HPSP) in Bangladesh and is contributing to achieving its goals. UNICEF supported the training and performance review of health providers in technical as well as communication and behaviour change aspects of basic health. Combined with the support of the World Health Organization (WHO), the United States Centers for Disease Control and Prevention, the Asian Development Bank (AsDB) and the United States Agency for International Development (USAID) for capacity-building, surveillance and monitoring, and USAID support to activities implemented by non-governmental organizations (NGOs) in urban areas, it is estimated that the programme has contributed to the reduction of 160,000 deaths of children under five years old per year since 1995. Progress is further reflected in a sharp increase in the use of iodized salt, with UNICEF as the principal external supporter of the iodization of more than 600,000 metric tons of salt every year and of quality control. The programme has advocated successfully with salt producers to accept responsibility for the cost of iodization, thereby ensuring sustainability of the intervention. Routine immunization, National Vitamin A Week and National Immunization Days have enabled the administration of 39 million vitamin A capsules per year, reducing the incidence of night blindness. To control measles and neonatal tetanus, a campaign targeting the high-risk population (those in urban slums and other hard-to-reach areas) was undertaken. Progress towards the eradication of polio has been significant, with a reduction of 87 per cent of clinically-confirmed polio cases from 1995-1999, and it is expected to be achieved in 2002, with regional certification by 2005.

8. The UNICEF-assisted programme has also focused on safe motherhood by providing equipment, drugs and supplies to about 150 health institutions district hospitals and *thana* (subdistrict level) health complexes which, together with the training of health officials, resulted in improved service provision. Together with efforts supported by the United Nations Population Fund (UNFPA) in maternal and child welfare (MCW) centres, this has resulted in an increase in the number of women with expected complications utilizing services in public facilities from 5 per cent in 1994 to 20 per cent in 1998. UNICEF also supported social mobilization activities (the national launch of Safe Motherhood Day with the Prime Minister, and future search conferences) and developed a national communication programme. This resulted in an increase in the awareness of structural issues of gender inequity.

9. The water and environmental sanitation (WES) programme has increased access to water in the 51 most underserved districts out of total of 64, all 4 city corporations and the majority (10) of *pourshavas* (small towns) by supporting planning meetings, installing water points, training service providers and supporting hygiene education sessions. Water points and separate latrines for boys and girls were installed in 1,610 government/registered primary schools by school management committees (SMCs), whose members were adequately trained to manage the facility, resulting in an 11 per cent increase in the attendance of girls in these schools. Social mobilization activities were also supported, including local announcements and fairs, orientation and planning meetings by various government departments; and the development of a comprehensive communication campaign. The programme has

maintained strong links with its long-term partners — the Danish International Development Agency and the Swiss Development Corporation. The Government-supported programme complements private sector well installation, which has been responsible for the construction of two thirds of all wells in Bangladesh.

10. To address the arsenic contamination of groundwater, a national survey of 51,000 tube-wells was undertaken in 1996-1997 by the Government, with UNICEF support. Some 6,600 health workers have been trained in detecting and managing arsenicosis; government laboratories at the district level have been strengthened to be able to test water effectively; and a communication campaign to increase awareness of arsenic and preventive behaviours was launched by the Minister of Health and the UNICEF Executive Director in 1999. National conferences have been supported to improve coordination and to take stock of all available information. UNICEF has supported three major NGOs partners — the Bangladesh Rural Advancement Committee (BRAC), the Grameen Bank and the Dhaka Community Hospital — with contributions from Rotary International, to implement an action research project on community-based arsenic mitigation in 500 villages. As a pilot project, this would provide lessons to a large-scale World Bank-supported Bangladesh Arsenic Mitigation and Water Supply (BAMWAS) project.

11. The education programme's support to improving access, quality and equity of formal primary schools introduced the small pilot Intensive District Approach to Education for All (IDEAL) project in a few schools in one subdistrict at the beginning of the country programme cycle. This has expanded to cover all government and non-government registered schools in 17 districts and partially in an additional 7, encompassing almost one third of the country. This fell short of the objective of 64 (all) districts due partly to the very ambitious target, but also due to a lack of funding support and to the extended time taken for project development. However, it has laid the foundation for expansion of the project approach to all districts with the support of multiple donors, including the World Bank. All of the teachers in the districts covered by the project (over 64,000) have been trained in "Multiple Ways of Teaching and Learning", and a sample study indicates an increase of 50 per cent in time spent using interactive methods. By promoting school catchment area mapping and participatory school planning exercises in all 16,800 primary schools, SMCs have become more active and communities are contributing both in cash (average $603 per school) and in kind (average $207) to implement the school plans. These schools have also reported an increase in enrolment and attendance. The programme also focuses on working children in urban slums and has supported the provision of a two-year basic education course to 203,400 urban working children. While this is a small percentage of the estimated 6 million working children in Bangladesh, it will serve as a model for interventions that will be scaled-up in the future.

12. Child rights training and gender sensitization of government officials at national and local levels, including the judiciary, police and magistrates, were supported, resulting in increased awareness of child rights in general, and in the improved administration of juvenile justice. The programme used a child rights training manual developed jointly with Radda Barnen. High-level advocacy events were supported, such as the observance of an annual Child Rights Week launched by the Prime Minister, which have brought sensitive issues such as the rights of domestic child workers to the forefront nationally at the highest political level. These were also supported by a multi-media child rights communication campaign. Government capacity to meet the Beijing Platform of Action commitments was also strengthened through support to 15 sectoral needs assessments, the training of gender focal points in all ministries, and the development of a National Policy for Women's Advancement and a National Action Plan. This has complemented the activities of other partners, such as support from the Canadian International Development Agency to strengthen the capacity of the Ministry of Women and Children's Affairs. UNICEF also supported the process of preparing the 1997 periodic State Party Report to the Committee on the Rights of the Child and implementation of a number of the Committee's recommendations, including initiation of the birth registration programme.

13. Communication activities were undertaken as a core component of all major programmes, including health and nutrition, WES and protection. To complement and increase the standardization of messages, common resources such as *Facts for Life* were used in multisectoral training, and mass media and advocacy activities. This promoted recommended practices, including ORT, safe motherhood, hygiene

awareness and arsenic mitigation. Processes of developing large-scale, multi-media, multi-channel communication campaigns took a systematic, results-based and professional approach, which also helped to strengthen the capacity of social marketing agencies in Bangladesh. The communication materials produced were used by other development partners and projects, such as BAMWAS and the Bangladesh Integrated Nutrition Project, funded by International Development Association credit. Messages on child care, gender and rights-based issues such as *Facts for Life*, "Meena", the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women are now regularly integrated in at least 315 minutes daily of popular radio and 25 minutes daily of television programmes, as well as in the print media.

14. UNICEF also assisted local authority initiatives for underserved areas of the Chittagong Hill Tracts and slums and fringes in urban areas. To bridge the gap between sectoral services and the communities, 1,910 para-centres were established in the Hill Tracts (compared to the objective of 4,103) and 206 urban development centres in poor urban areas (compared to an objective of 489). The objective was not reached due to a lack of funding as well as to a change in strategy at the mid-term review (MTR) to refocus the emphasis from direct interventions to strengthen existing institutional mechanisms in these areas rather than establish new centres. Evaluations of both interventions concluded that the centres had contributed to the strengthening of local planning structures and effective coordination services. The local government in both areas has agreed in principle to assume responsibility for the recurrent costs (e.g. salaries) of the centres over the next five years, as per the recommendation of the evaluation, thereby ensuring sustainability. The United Nations Development Programme (UNDP) and AsDB will support an expansion of activities through the centres in urban areas.

15. In promoting the monitoring of social indicators, UNICEF supported the Bangladesh Bureau of Statistics to conduct five multiple indicator cluster surveys since 1994 and to publish the results in two publications each year (*Progotir Pathey* (*On the Road to Progress*) and *Asha*). This complemented other data collection exercises, such as the Demographic and Health Survey in 1996/97 undertaken with the assistance of USAID, by providing information related to the World Summit for Children goals. Data was disaggregated by sex and geographical area (district-wise), which proved to be very useful as an advocacy tool and in analysing the local situation of girls and boys, thereby facilitating local planning and targeted programming.

16. UNICEF and UNDP collaborated to support the strengthening of natural disaster preparedness through the training of government officials, armed forces, police and members of communities in disaster-prone areas. This was complemented by communication and advocacy activities to increase general awareness of this issue. Emergency support, including supplementary food, medicine and the rehabilitation of tube-wells and latrines, was provided during the major floods in 1998. A total of $7.5 million was received against an appeal for $8 million.

Lessons learned from past cooperation

17. While the lessons learned remain essentially the same as described in the country note, the results of two recently completed major evaluations have fed into the programme development process and, therefore, are summarized below.

18. In the non-formal education for working children project, clear criteria for the selection of implementing NGOs were established, but not strictly applied. This resulted in centres being run by NGOs with varying levels of capacity and wide variations in the quality of education provided. This has been confirmed by a formative evaluation of the project that included focus group discussions with teachers and learners, observations of over 500 schools, competency assessments of 7,000 learners, and interviews of relevant officials in government and non-government agencies. It is now clear that the partner NGOs must be selected carefully and their overall number reduced. The evaluation concluded that less than 50 per cent of the students attending school were actually working children (the target population) as defined by the project. This confirmed that urban working children are a much more elusive group than their rural counterparts, requiring educational inputs to be much more flexible and related to their daily lives. To strengthen the quality of education, costs will also be higher than earlier assessed as the result of a need for additional management and monitoring systems. This requires a broader base of support from communities,

the Government, bilateral agencies and partner NGOs in order for this model to be replicated.

19. A recent evaluation of the large-scale, multi-media, multi-channel communication campaign promoting ORT, which was implemented from 1996-1999, concluded that the knowledge of caregivers of the three golden rules (increase fluids, increase feeding, referral when necessary) increased from 4 per cent (1996) to 46 per cent (1999). However, the practice of ORT did not reach the target of 80 per cent, with an increase of from around 42 to 46 per cent only. This is further evidence that behavioural development takes time, and continued support for communication activities in this area is needed to translate the increased knowledge into practice. Of the eight communication packages, the health worker and education packages were the most successful as they utilized existing communication channels. A synergistic effect of the packages used in different channels was not realized as they were developed at different times. However, given the positive trends achieved to date, the correctness of the approach taken has been confirmed and proves the value-added by the in-country expertise of UNICEF in communication. This will be built upon by further contributing to the development of communication as a key cross-cutting strategy of the new programme, and enhancing implementation of communication activities related to large national programmes such as HPSP and the National Nutrition Programme.

Recommended programme cooperation, 2001-2005

Regular resources: $62,613,000

Other resources: $140,000,000

Recommended programme cooperation*

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Health and nutrition	12 500	36 000	48 500
Water and sanitation	11 900	50 000	61 900
Child development and education	10 900	46 500	57 400
Protection	6 450	5 000	11 450
Rights-based planning, monitoring and communication	11 250	2 500	13 750
Cross-sectoral costs	9 613	-	9 613
Total	**62 613**	**140 000**	**202 613**

* The breakdown for estimated yearly expenditures is given in table 3.

Country programme preparation process

20. The preparation of the country programme followed a participatory process, under the oversight of Joint Government-UNICEF Advisory Group (JGUAG), which is comprised of government and UNICEF officials, as well as relevant United Nations partners, bilateral agencies, NGOs and members of civil society. It began with the preparation of the MTR of the previous country programme (1996-2000), which took place in October 1998. A concept paper on the process was prepared and discussed in May 1999, initiating the process of assessing and analysing the situation of children and women, which built on the Common Country Assessment, with both documents adopting a rights-based conceptual framework. In order to ensure that the analysis was accurate and representative, three technical teams (survival, development and protection) were formed, with diverse composition; subnational consultations were undertaken; and a national symposium was held which was attended by prominent opinion leaders. A strategy paper was prepared and reviewed by JGUAG in October 1999 based on the situation assessment and analysis, UNICEF and government priorities, and lessons learned from the previous country programme. The identification of common strategies, as part of the development of the United Nations Development Assistance Framework (UNDAF), resulted in the adoption of strategies in the programme which were consistent with programmes supported by other United Nations agencies, such as: assistance for institutional capacity-development and support for essential social services. The draft master of plan of operations, which consists of the programme plans of operations, was developed by members of the technical teams and reviewed by JGUAG at a preview meeting held in April 2000. The present country programme recommendation (CPR) has attempted to address the comments made by Executive Board members on the country note, particularly the request to specify how the programme has operationalized a rights-based approach and to elaborate on the nature and scope of partnerships.

Country programme goals and objectives

21. The goal of the country programme is to contribute to the realization of children's rights, the fulfilment of their potential and the empowerment of women. The programme will collaborate with partners to contribute towards the implementation of the NPA for Children. The objectives and strategies of the five programmes have been developed using the life-cycle approach, which identified the key challenges at various critical stages of the child's development and identified the linkages between programmes to ensure coordinated interventions. The programme will address the priority issues that have been identified at the critical stages of the development of the child. The programmes have been developed to complement partners' programmes in areas that require further support, based on the comparative advantage of UNICEF, both globally and within the country. The programme will focus on the most disadvantaged by gender, age and geographical area, including girls and women, the very young child, adolescent girls, the urban slums and the Chittagong Hill Tracts. In order to reach these identified groups in an integrated manner, the related interventions will be coordinated by various cross-sectoral coordination teams in the Government and UNICEF.

Relation to national and international priorities

22. Addressing gender discrimination will continue to be an international and national priority, and the cross-cutting strategy of the programme. With the recognition that every child has the right to a good start in life, the programme has focused interventions on the young child. Recognizing education's tremendous power to transform individuals and societies, the Government and its partners have identified quality education as a priority, which has been fully supported by the programme. Adolescents, particularly girls, are a disadvantaged group, requiring further support and action which has resulted in an expansion of opportunities to participate in the development process. The country programme will work within the overall framework of the Government of Bangladesh NPA for Children, 1997-2002, the Fifth Five-Year Development Plan (1997-2002), the UNICEF medium-term plan for

the period 1998-2001 (E/ICEF/1998/13 and Corr.1) and UNDAF. Although 25 per cent of government expenditure is in the social sector, for 1998/99, the amount of available resources fell far below requirements owing to poor tax collection and resource mobilization. Governance has received a great deal of attention in the national policy arena, specifically the lack of administrative reforms and slow pace of progress with decentralization. UNICEF and the United Nations system as whole will continue to advocate for positive change by continuing to support dialogue of all concerned and by supporting capacity-building activities that will improve governance.

Programme strategy

21. The strategies presented in the country note — namely, communication for behaviour development, scaling-up key components of the programme, piloting, building alliances and partnerships, and capacity-building for service delivery — have been translated by each programme into concrete activities to ensure results. The country programme has adopted a rights-based approach in which the four principles described below have been identified to provide the framework for the programme. The principle of *universality* (or inclusion) obliges the programme to focus on disadvantaged areas such as poor urban slums, the Chittagong Hill Tracts and in the most disadvantaged districts, which have previously been inadequately supported. The programme will also address gender inequities, such as ensuring that primary schools are gender sensitive (e.g. improved curriculum and increased access to adequate facilities), addressing violence against women and girls, and supporting interventions to increase the socio-economic status of adolescent girls. Recognizing the principle of *indivisibility* and, therefore, the inherent need for intersectoral collaboration, the programme will also focus on strengthening coordination mechanisms between sectoral ministries to promote collaboration (such as JGUAG) and the Interministerial Committee to follow-up recommendations of the Committee on the Rights of the Child. At the subnational level, the programme will continue to strengthen intersectoral platforms such as the recently established district-level forums on the Convention. The country programme will continue to facilitate the *participation* of children and women, through community interventions such as strengthening SMCs, which increases the participation of mothers in planning for their local school, and through promoting a child-centred learning environment in schools and supporting peer education of adolescent girls. Methodologies for monitoring the situation of children will be expanded from the previous country programme's primary focus on surveys to more participatory approaches that are more directly linked to actions at the local level. The programme will continue to support advocacy efforts that result in increased accountability, commitment and action of duty-bearers in national and subnational government, community, family and primary caregivers to fulfil their obligations to the realization of children's and women's rights.

24. *Health and nutrition.* Within the framework of the HPSP, UNICEF support to the health sector will focus on converging essential services by undertaking capacity-building interventions concurrently, including support to immunization, communication activities to promote the practice of ORT; training in case detection and treatment, including the timely referral of ARI cases; national drives for increasing routine immunization coverage; and the adaptation and implementation of the Integrated Management of Childhood Illness approach. To reduce maternal mortality, the programme will focus on establishing emergency obstetric care facilities in 150 district hospitals and *thana* health complexes, as well as addressing relevant issues of rights and the status of girls and women at household, community and health facility levels. Columbia University (United States), with a grant from the Gates Foundation, will provide technical and financial support to the programme, which is part of a regionwide initiative. This will complement UNFPA support to MCW clinics. The programme will also expand the Woman-Friendly Hospital Initiative to deal with violence against women and to develop women-friendly hospital services. Communication activities will focus on increasing the utilization of services, and in recognition of the influence of gender discrimination, it will also address patriarchy, women's status and self-esteem. In the area of nutrition, the programme will strengthen quality control in universal salt iodization, and maintain and increase vitamin A supplementation coverage for children 12-59 months old to 90 per cent or more, for children 9-11 months old to 80 per cent or more, and for lactating women to 30 per cent or more. Iron deficiency anaemia will be reduced by supporting iron supplementation, increasing the coverage for all

pregnant women to 50 per cent or more, and promoting positive behaviour change through communication activities including early childhood development and breastfeeding. There will be a special focus on urban slums, adolescent nutrition and management information systems. In collaboration with the World Bank and bilateral donors such as the Netherlands, UNICEF will continue its support to the Bangladesh Integrated Nutrition Project and the National Nutrition Programme in low-birth-weight reduction, behaviour change communication and other research and development activities. The preventive and curative response to mitigating the effects of arsenic from the health perspective will focus on developing a management protocol, investigating the effect of nutrition on arsenicosis and training health workers in correct case management. HIV/AIDS is not yet recognized as a major problem in the country, but the seeds of a major crisis are present. Therefore, UNICEF will work in partnership with other agencies, in particular the Joint United Nations Programme on HIV/AIDS (UNAIDS), and develop interventions based on needs identified vis-à-vis other partners. Communication strategies for reaching young people will be a first priority.

25. *Water and sanitation.* The programme will adopt an integrated sanitation, hygiene and water supply approach, in partnership with the Department for International Development (DfID) (United Kingdom) and others, through a communications strategy, including targeted campaigns, for raising awareness and creating a demand for sanitation facilities, and for promoting hygiene behaviours. Households will contribute a substantial part of the cost for latrine construction, with a target of constructing over 1 million new latrines during this programme of cooperation, thus increasing coverage by an estimated 5 per cent. The programme will also include support for testing water quality and explore alternate low-cost, safe water technologies. Improved water quality, including arsenic measurement, mitigation and research, is designed to urgently address the problems of arsenic contamination through activities such as blanket testing of 1 million tube-wells in 45 *thanas* (one quarter of the area affected), information and awareness campaigns, equipping zonal laboratories for water quality testing and training staff, and providing alternative water technologies such as pond sand filters and rainwater harvesting. The programme will continue to work closely with the World Bank-supported BAMWAS project, as well as with other international agencies and NGOs.

26. *Child development and education.* This programme will coordinate initiatives for the young child (prenatal to five-year-old age group), which are included in a number of programmes across the sectors, and add a new dimension to existing efforts. Interventions will include the training of caregivers and service providers, complemented with a sustained communication strategy and campaign to increase awareness of the importance of early childhood care (ECC) and, ultimately, to improve parenting skills. The programme will also build on existing programmes for improving the quality of primary education through training teachers in multiple ways of child-centred teaching and learning, assisting schools to monitor enrolment and attendance, and promoting community ownership of schools. Stronger emphasis will be given to assessment techniques for more effective teaching and support mechanisms for teachers to put their training into practice. Initiated by UNICEF in the previous country programme, it will become a multi-donor project in order to mobilize the substantial resources needed for scaling up, including from the Swedish International Development Authority, the Australian Agency for International Development, AsDB and the World Bank. UNICEF will play a crucial role through technical assistance and financial support. In addition to the efforts to make formal schools more accessible and attractive to all children, including working children, support will be provided to offer learning opportunities to 200,000 working children in six major urban areas. The lessons learned from this project will be used to influence other partners and government policies and mobilize larger actions, as well as to develop adequate policies and interventions to address child labour.

27. *Protection.* This programme will support the scaling-up of interventions in birth registration, establishing a universal system throughout the country by 2005. Health assistants and family welfare workers will perform a key supporting role by recording births and maintaining records, and will, in turn, benefit from improved baseline data on the child population in partnership with the Norwegian Agency for International Development, which co-funds this activity under a joint strategy. To counter the trend of increased violence against girls and women, the programme will also build the capacity of Government

and members of civil society to understand and address related issues. Support will be provided for the training of judges, police and other law enforcement officials to increase their skills and awareness of children's and women's rights. The programme will utilize interventions directed towards preventing violence as an entry point to address the broader issues of gender discrimination and inequity. The programme will advocate for positive change in legal and legislative frameworks to contribute to realization of children's and women's rights. With support from the United Nations Foundation, UNICEF will provide assistance to NGOs to expand their role as mentoring institutions to provide technical and skills support for livelihood training of adolescents, raise awareness on rights, and use the experiences to advocate for policy changes towards adolescents. This will complement a project on adolescent reproductive health developed by UNFPA in close cooperation with UNAIDS and funded by the United Nations Fund for International Partnerships. Through the broad entry point of adolescent girls' peer groups, the project will address other issues such as family life education, livelihood skills, early marriage and gender discrimination.

28. *Rights-based planning, monitoring and communication.* This programme will support policy dialogue through conducting focused studies and analyses of the social sectors and developing networks with a wide range of organizations, media, legislators, researchers, lawyers and advocacy groups. UNICEF will continue to participate in all major development forums, contributing to increased attention and resources for children and women. Through large-scale surveys and other data collection methods such as sentinel surveys, the programme will increase access to disaggregated data, both by gender and age and also by geographical area, in order to facilitate interventions. The programme will build the capacity of government institutions, including at local levels, through training and awareness creation of children's and women's rights, thus complementing the decentralization of government authority and accountability. This will be in collaboration with the broader UNDP local capacity-building project. As part of the planning activities, and given the need for strategic planning input, limited support will continue for disaster preparedness. The programme will complement the interventions of national programmes by strengthening capacity to provide basic services to disadvantaged areas, namely urban slums and the Chittagong Hill Tracts. The programme will also work to institute advocacy and communication of all the other programmes. Synergy will be increased by establishing core messages, developing common, overarching strategies and materials to be used by common communication channels, promoting the use of *Facts for Life* by multisectoral partners and civil society, and sustaining and scaling up the Meena Communication Initiative. Recognizing that segments of the population adopt new behaviours at different speeds, communication interventions will target various segments, specifically leveraging early adopters to influence the behaviour of others. To increase the effectiveness and reach of rights-related communication through the mass media, specialized training will be provided to programme producers, journalists and interpersonal communicators.

29. *Cross-sectoral costs.* These will include costs related to the support and management of the country programme as a whole, including supply staff and the extensive decentralized field operations structure. The latter has contributed to increasing the transparency and accountability of programme interventions by enhancing capacity at local levels.

Monitoring and evaluation

30. An Integrated Monitoring and Evaluation Plan was developed to coordinate activities for assessing progress and the impact of the country programme. Bangladesh is a "data-rich" country, with a variety of government and non-government institutions collecting data related to the situation of children and women, and with all systems having very different foci and degrees of reliability. ChildInfo will continue to be used as a tool to analyse and present the data in a usable form. The country programme will continue to support the development of the capacity of the Government and partners to consolidate a comprehensive system to monitor the rights of children, including the development of indicators that are sensitive to qualitative, process-oriented activities. Regarding output monitoring, quarterly and annual reviews of project implementation will be undertaken by project officers and managers, facilitated by JGUAG. Baseline data will be obtained in key programme areas, such as ECC and adolescents. A strategic evaluation approach will be adopted, with formative and summative evaluations undertaken at

appropriate times during project cycles, generating lessons learned focusing on areas piloted and/or ready to be "scaled up".

Collaboration with partners

31. Partnerships have been highlighted throughout the present CPR. The country programme was built on the process of developing the UNDAF, resulting in clear linkages in focus and strategies. The health and nutrition programme is an integral part of the HPSP, with direct support to activities which form part of the overall logical framework. UNICEF Bangladesh's key partnerships include: with WHO in polio eradication, with UNICEF focusing on mobilization and monitoring, and WHO focusing on community surveillance; with the International Labour Organization in issues related to child labour; with UNDP in local capacity-building, with UNICEF building on their approach by focusing on issues related to children and women; with DfID in providing safe water and promoting hygiene behaviours; with Columbia University and the Gates Foundation in the promotion of safe motherhood; with UNFPA in supporting emergency obstetric care facilities at district hospitals and reproductive health with adolescents; with the World Bank and AsDB in the social sector programme; and with a number of local NGOs, such as BRAC, the Grameen Bank, the Dhaka Community Hospital and Rotary Club, working in partnership in the implementation of arsenic mitigation activities in various *thanas*. UNICEF chairs the local consultative group of development partners in health and population, and women in development, and also participates in other relevant local consultative group meetings and United Nations theme groups.

Programme management

32. The Government of Bangladesh-UNICEF country programme will be coordinated by the Economic Relations Division of the Ministry of Finance, with the support of JGUAG, which is chaired by a member of the Planning Commission. JGUAG provides oversight to the programme through an overall annual review meeting at the end of each year. The United Nations country management team will coordinate interventions of United Nations-supported country programmes, building on UNDAF. Programme management and monitoring processes, as well as the findings of major programme evaluations, will feed into the MTR to facilitate necessary adjustments to the programme.

TABLE 1 BASIC STATISTICS ON CHILDREN AND WOMEN

Bangladesh	(1998 and earlier years)		UNICEF country classification
Under-five mortality rate	106	(1998)	High U5MR
Infant mortality rate	79	(1998)	High IMR
GNP per capita	$ 350	(1998)	Low GNP
Total population	124.8 million	(1998)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1998
Births	(thousands)	3222	4149	3524	3469
Infant deaths (under 1)	(thousands)	477	539	365	274
Under-five deaths	(thousands)	770	875	492	368
Under-five mortality rate (per 1,000 live births)		239	211	140	106
Infant mortality rate (under 1) (per 1,000 live births)		148	130	104	79

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1986/1997)	Moderate & severe	71*	56
	Severe	31*	21
Babies with low birth weight (%, 1983/1998)		47	30
Primary school children reaching grade 5 (%, 1980/1998**)		20	70

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast feeding rate (<4 mos.)(%, 1996-97)	..	52
Timely complementary feeding rate (6-9 mos.)(%, 1996-97)	..	69
Continued breast-feeding rate (20-23 mos.) (%, 1996-97)	..	90
Prevalence of wasting (0-59 mos.) (%, 1986/1997)	15*	18
Prevalence of stunting (0-59 mos.) (%, 1986/1997)	68*	55
Vitamin A supplementation coverage(6-59 mons.)(%, 1998)	..	95
Household consuming iodized salt (%, 1999)	..	55

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1997)		..	61
Routine EPI vaccines financed by government (%, 1998)		..	100
Access to safe water (% of population, 1980/1997)	Total	38	95
	Urban/rural	26 / 40	99 / 95
Access to adequate sanitation (% of population, 1980/1997)	Total	4	43
	Urban/rural	21 / 1	83 / 38
Births attended by trained personnel (%, 1988/1997)		5	8
Maternal mortality rate (per 100,000 live births, 1980-1998)		.	440

Immunization		1981	1985	1990	1998
One-year-old (%) immunized against:	Tuberculosis	1	3	86	91
	DPT	1	2	62	68
	Polio	1	2	62	68
	Measles	1	3		62
Pregnant women (%) immunized against:	Tetanus	1	3	74	86

* Aged (6-59 months)
** EFA 2000 database.

TABLE 1 (continued)

Bangladesh

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1998**)	Total	58 / ..	97 / 81
	Male	72 / ..	98 / 80
	Female	43 / ..	95 / 83
Secondary enrolment ratio (gross/net) (%, 1980/1990)	Total	17 / ..	21 / 20
	Male	25 / ..	28 / 26
	Female	9 /	14 / 14
Adult literacy rate, 15 years & older (%, 1981/1998**)	Total	29	56
	Male/female	40 / 18	63 / 48
Radio/television sets (per 1,000 population, 1980/1996)		17 / 1	50 / 6

DEMOGRAPHIC INDICATORS		1970	1980	1990	1998	2000
Total population	(thousands)	66671	88221	109465	124774	129155
Population aged 0-18 years	(thousands)	34139	46380	56290	55857	55548
Population aged 0-5 years	(thousands)	12195	15857	17096	14697	15489
Urban population (% of total)		8.0	11.0	16.0	19.9	21.0
Life expectancy at birth (years)	Total	44	48	54	58	59
	Male	45	49	54	58	59
	Female	43	48	54	58	60
Total fertility rate		7.0	6.6	4.3	3.1	3.0
Crude birth rate (per 1,000 population)		48	47	33	27	27
Crude death rate (per 1,000 population)		21	18	12	10	9

		About 1980	Most recent
Contraceptive prevalence rate (%, 1997)		..	49
Population annual growth rate (%, 1970-1990/1990-1998)	Total	2.5	1.6
	Urban	5.9	3.8

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1990-1998)		-0.3	3.2
Inflation rate (%, 1965-1980/1990-1998)		15	4
Population below $1 a day (%, 1996)		..	29
Household income share (%, 1992)	Top 20%/bottom 40%	.. / ..	38 / 23
Government expenditure (% of total expenditure,1985/1989)	Health/education	.. / 10	5 / 11
	Defense	11	10
Household expenditure (% share of total, 1980 or 1985)	Health/education	.. / ..	.. /
Official development assistance: (1981/1998)	$US millions	1096	1251
	As % of GNP	9	2
Debt service (% of goods and services exports, 1982/1997)		18	9

* EFA 2000 database

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1996-2000 a/

COUNTRY: BANGLADESH
LATEST BOARD APPROVAL: 1995
GENERAL RESOURCES: $88,000,000.00

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									Regular resources b/		Other resources		Total (RR & OR)	
									Actual	Planned	Actual	Planned	Actual	Planned
	RR b/	OR	RR b/	OR	RR b/	OR	RR b/	OR						
Health and nutrition	4,070	24,979	1,872	767	707	573	3,378	4,525	10,027	17,000	30,844	55,000	40,871	72,000
Water supply and sanitation	1,246	2,583	890	303	860	295	2,536	2,722	5,532	5,500	5,903	30,000	11,435	35,500
Education	1,432	3,511	1,653	5,947	768	704	5,629	5,127	9,482	26,500	15,289	77,500	24,771	104,000
Monitoring, evaluation and research	344		87		364		1,133		1,928	2,500			1,928	2,500
Advocacy and planning support	915		791		442		4,318		6,466	5,000			6,466	5,000
Urban basic services	47		867		144		205		1,263	8,000			1,263	8,000
Grameen bank			336		2				338	2,500			338	2,500
Chittagong hill tracts	85		455		55		143		738	7,500			738	7,500
Disaster preparedness	1,011	5,854	322	1,082	62	61	1,793	477	3,188	5,000	7,474		10,662	5,000
Programme communications	36		190		371		567		1,164	8,000			1,164	8,000
Programme support c/	783		746		5,600		10,495		17,624				17,624	
GRAND TOTAL	9,969	36,927	8,209	8,099	9,375	1,633	30,197	12,851	57,750	87,500	59,510	162,500	117,260	250,000

RR = Regular resources
OR = Other resources

a/ Actual expenditure includes expenditure recorded as of 31 May 2000.
b/ Actual RR expenditure includes allocations from global funds.
c/ Actual RR expenditure includes in the others programme areas.

TABLE 3

PLANNED YEARLY EXPENDITURES

COUNTRY: BANGLADESH
PROGRAMME CYCLE : 2001-2005

	FUND	2001	2002	2003	2004	2005	TOTAL
	RR	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000	12,500,000
	FOR						
HEALTH AND NUTRITION	NOR	7,200,000	7,200,000	7,200,000	7,200,000	7,200,000	36,000,000
	TOTAL	9,700,000	9,700,000	9,700,000	9,700,000	9,700,000	48,500,000
	RR	2,200,000	2,200,000	2,400,000	2,500,000	2,600,000	11,900,000
	FOR						
WATER AND SANITATION	NOR	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	50,000,000
	TOTAL	12,200,000	12,200,000	12,400,000	12,500,000	12,600,000	61,900,000
	RR	2,050,000	2,100,000	2,200,000	2,250,000	2,300,000	10,900,000
	FOR						
CHILD DEVELOPMENT AND EDUCATION	NOR	9,300,000	9,300,000	9,300,000	9,300,000	9,300,000	46,500,000
	TOTAL	11,350,000	11,400,000	11,500,000	11,550,000	11,600,000	57,400,000
	RR	1,200,000	1,200,000	1,300,000	1,350,000	1,400,000	6,450,000
	FOR						
PROTECTION	NOR	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	5,000,000
	TOTAL	2,200,000	2,200,000	2,300,000	2,350,000	2,400,000	11,450,000
	RR	2,650,000	2,600,000	2,200,000	2,000,000	1,800,000	11,250,000
	FOR						
RIGHTS-BASED PLAN., MON. & COMM.	NOR	500,000	500,000	500,000	500,000	500,000	2,500,000
	TOTAL	3,150,000	3,100,000	2,700,000	2,500,000	2,300,000	13,750,000
	RR	1,863,000	1,877,000	1,909,000	1,982,000	1,982,000	9,613,000
	FOR						
CROSS-SECTORAL COSTS	NOR						
	TOTAL	1,863,000	1,877,000	1,909,000	1,982,000	1,982,000	9,613,000
	RR	12,463,000	12,477,000	12,509,000	12,582,000	12,582,000	62,613,000
	FOR						
TOTAL, PROGRAMME BUDGET	NOR	28,000,000	28,000,000	28,000,000	28,000,000	28,000,000	140,000,000
	TOTAL	40,463,000	40,477,000	40,509,000	40,582,000	40,582,000	202,613,000
STAFF COSTS a/		1,627,819	1,740,542	1,849,946	1,964,846	2,080,664	9,263,817
GENERAL OPERATING COSTS		1,242,400	1,358,420	1,343,620	1,348,620	1,358,620	6,651,680
TOTAL, ESTIMATE SUPPORT BUDGET		2,870,219	3,098,962	3,193,566	3,313,466	3,439,284	15,915,497
GRAND TOTAL		43,333,219	43,575,962	43,702,566	43,895,466	44,021,284	218,528,497

RR = regular resources
FOR = funded other resources
NOR = new other resources

a/ Including consultants and temporary assistance.

TABLE 5

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : BANGLADESH
PROGRAMME: 2001-2005

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	RR	FOR	NOR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																	
HEALTH AND NUTRITION	12,500,000			12,500,000	0	0	1	1	0	0	2	5	8	15	1,639,510	1,902,108	3,541,618
WATER AND SANITATION	11,900,000			11,900,000	0	0	1	1	0	0	2	8	5	15	1,639,510	2,320,297	3,959,807
CHILD DEVELOPMENT AND EDUCATION	10,900,000			10,900,000	0	0	1	0	0	0	1	7	8	16	933,063	3,045,297	3,978,360
PROTECTION	6,450,000			6,450,000	0	0	0	1	1	0	2	1	5	8	1,359,144	814,280	2,173,424
RIGHTS-BASED PLAN., MON. & COMM.	11,250,000			11,250,000	0	0	1	1	1	0	3	4	7	14	2,354,667	1,680,289	4,034,956
CROSS-SECTORAL COSTS	9,613,000			9,613,000	0	0	0	1	1	0	2	10	21	33	1,574,006	4,076,722	5,650,728
TOTAL RR	62,613,000			62,613,000	0	0	4	5	3	0	12	35	54	101	9,379,900	13,958,993	23,338,893
OTHER RESOURCES :																	
HEALTH AND NUTRITION		0	36,000,000	36,000,000	0	0	0	0	0	0	0	4	2	6	0	1,382,066	1,382,066
WATER AND SANITATION		0	50,000,000	50,000,000	0	0	0	0	2	0	2	4	2	8	1,190,314	1,383,064	2,573,378
CHILD DEVELOPMENT AND EDUCATION		0	46,500,000	46,500,000	0	0	0	0	0	0	0	4	3	7	0	1,285,293	1,285,293
PROTECTION		0	5,000,000	5,000,000	0	0	0	0	0	0	0	2	1	3	0	470,469	470,469
RIGHTS-BASED PLAN., MON. & COMM.		0	2,500,000	2,500,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL OR		0	140,000,000	140,000,000	0	0	0	0	2	0	2	14	8	24	1,190,314	4,520,892	5,711,206
TOTAL RR & OR	62,613,000	0	140,000,000	202,613,000	0	0	4	5	5	0	14	49	62	125	10,570,214	18,479,885	29,050,099
SUPPORT BUDGET			Operating costs	6,611,680													
			Staffing		1	0	2	2	1	0	6	8	23	37	4,962,102	4,301,715	9,263,817
GRAND TOTAL (RR + OR + SB)					1	0	6	7	6	0	20	57	85	162	15,532,316	22,781,600	38,313,916
	Number of posts and staff costs:																
	Current programme cycle										22	48	93	163			
	At the end of proposed programme cycle (indicative only)										20	57	85	162	15,532,316	22,781,600	38,313,916

RR = regular resources.
OR = other resources.
FOR = funded other resources.
NOR = new other resources.
IP = International Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.

TABLE 4

COUNTRY : BANGLADESH
PROGRAMME : 2001-2005

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET					POSTS a/									STAFF COSTS b/		
	RR	FOR	NOR		TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
SUPPORT BUDGET			Operating costs Staffing		6,611,680	1	0	2	2	1	0	6	8	23	37	4,962,102	4,301,715	9,263,817
GRAND TOTAL (RR + OR + SB)						1	0	2	2	1	0	6	8	23	37	4,962,102	4,301,715	9,263,817
	Number of posts and staff costs: Current programme cycle At the end of proposed programme cycle (indicative only)											6 6	7 8	31 23	44 37	4,962,102	4,301,715	9,263,817

RR = regular resources.
OR = other resources.
FOR = funded other resources.
NOR = new other resources.
IP = International Professional.
NP = National Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.